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EPIDEMIOLOGY

No. 216

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BANGLADESH

BRIEFS

CHOLERA DEATHS--Dacca, Jan 8--Thirteen people died of cholera and about 150 contracted the disease in recent weeks in different villages of Bhammanbaria subdivision, 60 miles (100 Kms) from here, according to a press report.--Reuter [Text] [Karachi BUSINESS RECORDER in English 9 Jan 81 - 2]

CSO: 5400

CZECHOSLOVAKIA

BRIEFS

RABIES REPORTED--In the past few days nine persons were bitten by rabid animals, mostly foxes and feral cats, in the district of Ceske Budejovice, CSR. Forest rangers are trying to eliminate rabid animal concentrations in eight areas of the district. [Text] [Prague ZEMEDLSKE NOVINY in Czech 13 Jan 81 p 4]

CSO: 5400

TB INCIDENCE, PEOPLE'S ATTITUDES, STATISTICS REVIEWED

Accra DAILY GRAPHIC in English 15 Dec 80 p 3

[Article by Rose Mensah-Kutin]

[Excerpts] People who suffer from tuberculosis (TB), are not outcasts. For like any infectious disease, TB is preventable and curable.

And as the Ghana Society for the Prevention of Tuberculosis (GSPT), celebrated its 25th anniversary from the 23 to 30 November, 1980 this message run through films, symposia, demonstrations and discussions. "We wish to tell the public that TB patients should be helped not shunned;" says Mrs Fredricka Dannerman, acting National Organising Secretary of the GSPT.

In Ghana, surveys have indicated that approximately 100,000 people, that is one per cent of the population are suffering from TB, while about 7,000-8,000 new cases are recorded each year. It also ranks ninth amongst diseases commonly diagnosed in patients attending government hospitals.

The clinic is making arrangements to employ him on their premises.

Workers in certain industries are also liable to develop TB. Such industries are the sandstone and granite industries, sandblasting and metal grinding, manufacture of silicon bricks and of abrasive soap powders, potteries and slate works, iron ore and coal mining and the asbestos industry. The Workmen's Compensation Act (1963) stipulates that workers should be given all the necessary protection from contracting industrial disease.

In view of the fact that most TB cases in Ghana occur at industrial areas, it seems the provisions under the Act are not fully complied with.

Textiles and shoe workers are other groups with a high incidence of TB.

"Perhaps, the important factor is the cramped and poor environment in which work is carried out in these places", conjectures Dr. Samarasinghe.

Since TB is often looked upon as a 'taboo' most people who contract it feel ashamed and refuse to report to hospital. What The Ghana Society for the Prevention of Tuberculosis (GSPT), in conjunction with the Chest Clinic at Korle Bu are doing is to organise preventive and curative measures against the disease.

"Our policy is to protect those who have not been infected with tubercle bacilli by BCG Vaccination and to treat adequately those who have been infected in different health care institutions", says Dr. Chowdhury of the Chest Clinic.

CSO: 5400

CHOLERA OUTBREAK AFFECTS EASTERN REGION AREAS

Deaths Reported

Accra DAILY GRAPHIC in English 16 Dec 80 p 1

[Excerpt] The death toll in the cholera outbreak at Asiakwa in the Akyem Abuakwa area in the Eastern Region has risen from four to nine within eleven days.

According to a special two-man delegation from Asiakwa, the situation is becoming very alarming with the admission of several victims to the Tafo and Kibi Hospitals.

The delegation indicated that the citizens of the area have expressed their willingness to assist the Ministry to rid the area of the disease.

Meanwhile, reports say an outbreak of cholera has hit Agona-Nyakrom in the Central Region.

MP Appeal

Accra DAILY GRAPHIC in English 18 Dec 80 p 8

[Excerpt] Five Members of Parliament from the Akim area have called on the government to rush an inoculation team to areas in the Eastern Region affected by cholera.

The MPs noted that the Birim River which is the source of water in the area, is not far from Asiakwa, the center of the present epidemic and warned that if the epidemic was not controlled, it would have disastrous consequences throughout the Birim basin.

Medical authorities have advised cholera patients to use antibiotics to fight cholera because the cholera vaccine has been found to be no more effective in controlling the disease.

Electrification Urged

Accra DAILY GRAPHIC in English 18 Dec 80 p 2

[Editorial]

[Text]

CHOLERA is a dreadful disease. Not only does it kill, and fast too, but also, it causes great pain to those whom it afflicts, before they give up the ghost. Thus, the relatives who survive the dead are also made to experience great distress.

The Eastern Region medical authorities deserve our warm congratulations on the able manner in which they have responded to the cries of the people of Asiakwa and have brought the cholera outbreak there under control.

It has now been established that the pollution of the drinking water of the town poses a serious threat to the health of the inhabitants. The inadequacies of the water supply system sometimes arise from the occasional shortage of gas oil to operate the water pump.

We doubt whether a gas-oil operated pump would be necessary if the town was provided with electricity. Yet, although much smaller villages which are only marginally nearer the power lines have been supplied with electricity, Asiakwa remains in darkness.

If the cholera outbreak opens the eyes of the regional administration to the urgent need to provide electricity for the town (which will, in its turn, contribute to the provision of good drinking water) then those who have died would not have died in vain.

Otherwise, the valiant work done by the medical team, which we have already praised, will surely come to naught with the passage of time. It has been said that prevention is better than cure. We have had the cure. Now is the time for prevention. Urgent, effective, long-lasting preventive measures.

Outbreak Under Control

Accra DAILY GRAPHIC in English 20 Dec 80 p 1

[Article by Isaac Asante]

[Text] Dr J. Ayikumah Adamafio, Eastern Regional Medical Officer, has assured the people in the region that the outbreak of cholera at Asiakwa near Kyebi was under full control and that there was no cause for alarm.

He said 30 out of 33 patients who were admitted to the Kyebi Government Hospital had already been discharged while the remaining three would also be discharged shortly.

Speaking to me in an interview, the Regional Medical Officer advised inhabitants of the area to keep their surroundings clean and also cultivate personal health habits within their environments.

CSO: 5400

SPOILED CANNED GOODS WILL BE WITHDRAWN

Accra DAILY GRAPHIC in English 8 Jan 81 p 8

[Article by Ayikwei Armah]

[Text]

THE Director of the Ghana Standards Board, Dr I. Twum-Danso, has declared that the Board will take the appropriate action to withdraw all the bad tinned foods from the markets if laboratory tests currently being carried out on some of them are found to be inedible.

The director also gave the assurance that report on the laboratory test on some of the goods purchased from various markets in Accra will be available by tomorrow.

Dr Twum-Danso was commenting on a news story headed "Sardines, Mackerel Rotten".

The story stated that most of the tinned foods especially sardines, mackerel and corned beef openly on sale at the Makola market and elsewhere

throughout the country were unfit for human consumption.

The director pointed out that the board was taking a serious view of the matter in view of the fact that it concerned the health of the whole community.

He noted that since most of these goods were not imported through the appropriate and recognized agencies responsible for importation of goods, it was very difficult to test them before their release for sale.

The director expressed the conviction that most of these goods came into the country through the "back door" emphasizing that majority of them might have been hoarded for an unspecified period.

CSO: 5400

HONDURAS

BRIEFS

MORE TUBERCULOSIS CASES--A total of 1,790 tuberculosis cases were reported during 1980. This represents a 22-percent increase over 1979, when 1,463 new cases were reported. [PA091302 Tegucigalpa Domestic Service in Spanish 1130 GMT 8 Jan 81 PA]

CSO: 5400

SIXTH PLAN PROVIDES FOR FIGHT AGAINST LEPROSY

Madras THE HINDU in English 25 Dec 80 p 6

[Text] Patna, Dec 24

The Union Health Ministry will shortly launch a crash plan to combat the eliminate leprosy and bring relief to about five-lakh known leprosy patients in the country, according to a leprologist attached to the Ministry.

A sum of Rs. 43 crores has been earmarked in the Sixth Plan for leprosy control and 10 districts have been selected "for pilot trial with intensive drug treatment to control the disease and prevent drug resistance among the patients."

"It is like fighting a war," according to Dr B. Mukhopadhyaya, honorary Director of Rajendra Prasad Leprosy Hospital at Mairwa, which is run by a voluntary agency.

"The drive to control leprosy cannot succeed unless 50 per cent of the cases are swiftly detected and treated," he said.

It is estimated that at least three lakh cases are yet to be detected.

The traditional drugs used so far have become ineffective as patients have developed resistance to them. Fortunately, however, newer and more potent drugs are being made available by the Swedish International Agency.

What is required is training of doctors and nurses and the establishment of laboratories to quicken the pace of therapy for achieving the desired result in the shortest possible time.

Earlier at the instance of the Prime Minister, Mrs Indira Gandhi, leprosy control had been included in the national plan and the entire expenditure under this head used to be met by the Centre. [as published]

During Janata rule the programme suffered a setback following the decision that the expenditure be shared equally by both the Centre and the State. The Centre's allocations shrank, particularly as the matching grant from the State Governments was not forthcoming.

In Bihar there are least one-lakh known cases and the incidence is particularly high in tribal areas of Santhal, Parganas, Singhbhum, the coal mining district of

Dhanbad, Rohtas district in South Bihar and North Bihar districts of Chapra, Siwan and Gopalganj.

There are nine leprosy control centres in Bihar run by voluntary agencies, four of which have hospitals attached to them.

The President, Mr. N. Sanjiva Reddi, will inaugurate a seminar of leprologists at Marina in North Bihar on Jan 12.

Besides inaugurating the seminar the President is also scheduled to lay the foundation for a new reconstructive surgery unit for leprosy patients of the hospital.

CSO: 5400

BRIEFS

TYPHUS, MALARIA IN SOUTH KALIMANTAN—Eleven residents of Pelayari, capital of Tanah Laut Regency, South Kalimantan, died of typhus and malaria after they returned to the local area from panning for gold in the Kematian River. The gold-panning area is located in the outskirts of Anam-Anam Muara village, Jorong Sub-district, about 30 kilometers from Pelayari. Dr Ashari Thaib, chief of the Tanah Laut Health Service, said the site on the Kematian River is unhealthy. The surrounding area is covered with vegetation, gold panners' huts are filthy and sanitation in the surrounding area is poor. The gold panners whom KOMPAS met agreed that they sometimes ate only one meal a day although they worked very hard. All the gold panners examined apparently suffered from malaria and typhus. H. Tidjansah, who works with gold in Pelayari and who is a member of the Tanah Laut regional legislature, said the gold-panning site on Kematian River was abandoned for 25 years. The Dutch had panned gold there but an accident there caused the death of many men who panned for gold. The Japanese then took it up but were also forced to stop after deaths occurred. The Kematian River was considered a "ghost" river by the people living nearby, but their fears dissipated after a long time and gold panners from other areas began coming in to work the river. Tidjansah said the deaths of the gold panners are linked to a local disease called the "wisa emas" (gold poisoning). The people believe that those who find a lot of gold will be struck with the disease. [Excerpts] [Jakarta KOMPAS in Indonesian 21 Nov 80 p 5] 6804

WHOOPING COUGH IN BANJARNEGARA—A whooping cough epidemic is known to have been raging through Banjarnegara Regency, Central Java, since mid-October. Dr Hariadi, chief of the Regional Directorate for the Control and Prevention of Contagious Diseases (DITDA P3M), Regional Office of the Department of Health, Central Jakarta, told KOMPAS on Friday afternoon (28 November) that 328 victims had been recorded. Of these, eight children died. Two were in the age group newborn to 11 months and 6 were in the 1 to 4 year age group. The whooping cough (kinghoest) epidemic is reported to be raging through Punggelen Subdistrict, even though an immunization program had been carried out there since April 1980. However it was admitted that the program's implementation was imperfect and not all those suffering from whooping cough had been able to get the diphtheria, whooping cough and tetanus (DPT) vaccination. An investigation of those suffering from whooping cough showed that the majority were in the 5 to 9 year age group (101 sufferers) and in the 1 to 4 year age group (143 sufferers). The whooping cough epidemic in Banjarnegara began in the 40th week (in the month of October 1980) with a victim in Dukuh Bengkat. Who knows how many became ill in the following week? The disease erupted later and continued to spread. [Excerpts] [Jakarta KOMPAS in Indonesian 29 Nov 80 p 12] 6804

MEASLES IN CENTRAL JAVA--It is believed that measles spread in Gumelar Lor village, Tambak Subdistrict, Banyumas Regency, Central Java, from October to mid-November. The disease attacked many children in that area, six of whom died. Actually a medical team consisting of a doctor, nurse and pharmacist carried on a Community Service Action program at the end of October, providing medicine and food as well as clothing to people in Tambak Subdistrict. Examinations done by the doctor at that time showed that many of the local people suffered from malnutrition, infections and skin and tooth diseases. According to Dr Lucas Mariatmanta, 95 percent of the inhabitants of areas visited by a paramedical group during the Action were in poor health. Dr Lucas added that many children in Purwokerto also had measles, but thus far there were no deaths from the disease because of the availability of many doctors, hospitals and clinics capable of serving the local inhabitants. [Excerpts] [Jakarta SINAR HARAPAN in Indonesian 19 Nov 80 p 3] 6804

GASTROENTERITIS IN EAST KALIMANTAN--Records of the East Kalimantan Provincial General Hospital and the Samarinda capital region to date show that 14 deaths occurred among the 945 persons attacked by gastroenteritis. About 20,000 inhabitants along the Karangmurus River, which empties into the Mahakan River, are threatened. An investigation showed the river water was polluted and definitely was the source of the disease. Dr H. Sofyan Agus, director of the provincial general hospital, told the press that 13 of the 14 victims mentioned above were children and 1 was an adult. [Excerpts] [Jakarta SINAR HARAPAN in Indonesian 28 Nov 80 p 3] 6804

CRD: 5400

REPORTAGE ON JOINT SESSION IN CAMPAIGN TO ERADICATE ONCHOCERCIASIS

Abidjan FRATERNITE-MATIN in French 22-23, 27, and 28 Nov 80

[Article--passaged between slantines originally published in boldface]

[22-23 Nov 80 p 3]

[Text] Ivory Coast will host, from 24-27 November, the first session of the Joint Committee for the Campaign to Eradicate Onchocerciasis. It will be the first meeting of this committee since the beginning of the second phase of financing which covers the period 1980-1983 and carries a budget of \$107 million.

And it is the home town of the chief of state that will welcome the delegations of the seven participating countries Sunday morning. These are: Benin, Ivory Coast, Ghana, Upper Volta, Mali, Niger, and Togo.

Representatives of donor countries and organizations will also be present in Yamoussoukro, namely: West Germany, Saudi Arabia, the ADB [African Development Bank], the IBRD and International Development Associations from the group of the World Bank, Belgium, Canada, the United States of America, France, Great Britain, Holland, Japan, Kuwait, Norway, OPEC, UNDP, Switzerland, and the Al Sabah Fund, as well as sponsor organizations such as the Food and Agriculture Organization of the United Nations, the United Nations Development Program, the World Bank, which put together and manage the funds of the program, and the World Health Organization, which is responsible for execution of the program.

Before the official opening of this first session, the delegates from the participating countries and bodies will make a visit to the banks of the N'Zi at Krokro, where a medical team will make an epidemiological evaluation of the ravages of onchocerciasis, or river sickness, in this region in the center of the country. Before visiting the Institute for Onchocerciasis Research and the activities of the campaign in the Bouake sector, the delegates will witness in Krokro demonstrations of the struggle against river blindness, especially spraying insecticide from airplanes and helicopters on the N'Zi and the Kan.

A Threatened Zone

The Committee for the Campaign to Eradicate Onchocerciasis is a body that has been working since 1973 to cope with the damage done each year by this terrible malady called onchocerciasis or river blindness. It is a parasitic illness

propagated by a filiform worm whose scientific name is /onchocerca volvulus,/ which affects 20 to 40 million people in tropical Africa, Yemen, and certain regions of Central and South America.

Man is apparently the only vertebrate host of this parasite and the illness is transmitted by the bite of simulies (translation unknown). Among the major clinical manifestations of onchocerciasis are skin eruptions, intense itching, elephantiasis and loss of pigmentation of the skin, characteristic nodules where the adult threadworms are found, and--the most serious consequence of the disease--ocular lesions that can lead to blindness.

The medically largest and most widespread regions of endemic disease are found in tropical Africa, where the main vector bears a no less scientific name: simulium damnosum. This simulia multiplies in the fast-moving rivers and streams, and it is the populations living in proximity to such currents which are most affected by the disease.

Thus the savannah zone of the Volta Basin, in West Africa, is one of the prime sites for endemic onchocerciasis in the world. It is believed that in this region, which includes parts of Benin, Ivory Coast, Ghana, Upper Volta, Mali, Niger, and Togo, more than a million people are infected. And it is reckoned that at least 100,000 people are blind, which does not even include a large number suffering from serious visual problems.

Obstacle to Peopling

This scourge has forced the local populations living in proximity to the water-courses to abandon the fertile valleys and move to other land which is much less productive. In other words, onchocerciasis is objectively a real obstacle to peopling, and consequently to the economic development, of the fertile valleys, which remain uninhabited and unproductive.

Even worse, the ill effects of the drought in the Sahel and the savannah, where the rains have failed for six consecutive years, have gravely compromised the already precarious socioeconomic equilibrium of the Volta basin region.

So one can readily understand the importance of the Joint Committee for the Campaign to Eradicate Onchocerciasis. For, as long as this disease continues to ravage the regions in question, it will constitute a serious mortgage on the future of the populations there.

During this first meeting, from 25-27 November, the committee will have to consider the activity report of the World Health Organization for 1980, as well as the report of the experts that follow the activities of the campaign independently.

The representatives of the participating countries will assess socioeconomic development in the zones covered by the program in their respective countries. The WHO will present its action plan and budget program for 1981, and the World Bank will address financing.

Two interim reports will also be presented to the committee: that of the independent commission on long-term prospects of the campaign, and that on the study of feasibility of a campaign to eradicate onchocerciasis in the region of the Senegal River basin--these reports not to be presented in their final form until the second session of 1981.

[27 Nov 80 p 8]

[Text] The Joint Committee for the Campaign to Eradicate Onchocerciasis began its work Tuesday at 1130 in the conference hall of Yamoussoukro's Party House. President Auguste Denise on behalf of the chief of state welcomed the members of the committee as well as the representatives of the donor countries and organizations from America, Asia, Europe, the Middle East, and Africa. Several moments after this short opening speech, there was a 10-minute recess. Following this, President Denise was unanimously elected president of the meeting. And Douglas Hindores, the Canadian, was in turn elected vice-president.

Taking the floor again, the minister of state, Auguste Denise, thanked the committee for the confidence it had shown him. And then said: /"Our meeting in Yamoussoukro assumes a special importance. The present campaign has entered a new phase, a phase of consolidation which will be more and more characterized by growing responsibilities for the participant countries to the degree that they want to benefit from the results obtained."/

/"January 1980 saw,"/ continued President Denise, /"the launching of the second phase of the financing of the campaign which thereby received the eloquent testimony of the support and encouragement of a vast spectrum of donor governments and agencies. Now it seems evident that if the success obtained during the first phase continues in the second, the campaign will succeed in reaching its objectives which were to suppress onchocerciasis, to relieve the physical misery of millions of human beings, and to give economic life to several thousands of kilometers of rivers as well as to a great amount of good land. By consequence, our attention is going to have to be turned, no longer toward the pure and simple activity of onchocerciasis control, but, more than in the past, toward economic development. The annual report which you have all received and which will be explained to you presently in greater detail by the campaign director, contains several points in which we can take pride, of which I will only mention one, dealing with re-invasion.

/"It is now clear that this phenomenon which more or less disoriented all of us in the early years is now understood in all its facets and the steps that were taken by the entomologists have considerably reduced its impact, to the point that 80 percent of the zone of the campaign is recording annual rates of transmission and attacks [bites] which are completely in agreement with the criteria prescribed by the scientific group."/

The director of the Joint Committee for the Campaign to Eradicate Onchocerciasis, Mr Basin, came to the podium after the remarks of President Denise to do a rapid survey of the present situation. He gave a very upbeat review to those in attendance.

/"Let us recall that in December 1973 the seven countries--Niger, Upper Volta, Mali, Ivory Coast, Ghana, Togo, and Benin--had signed at Accra a framework-agreement

which established the operational plans for the campaign. Then, in succession, were the signature in Washington of the financing accord by the donor countries, and the setting up in Geneva and Brazzaville of executive, supervisory, and scientific and technical assistance structures. Finally, starting from Ouagadougou, the recruitment of personnel, some 700 people of 18 different nationalities and also the setting up of a sizeable logistical and administrative infrastructure to cover 700,000 km-square of territory, which is a geographic area larger than the combined areas of the American states of Virginia, West Virginia, Maryland, Delaware, Pennsylvania, Ohio, New York, and New England.

20 to 40 Million Diseased

/"On 31 December 1979 the first 6-year period of our operations ended. Perhaps, to present a summing-up of this first phase, it would be appropriate to mention, if only briefly, the problem, the strategy, and the objective.

/"Onchocerciasis is a disease which affects between 20 and 40 million people throughout the world, especially in tropical Africa, Yemen, the Sudan, in Central America, and in South America. The people living in the zone covered by our campaign are believed to number around 10 million. Among them, 1 million are afflicted by onchocerciasis, and 100,000 are blind. Among the clinical manifestations of the sickness, the most serious include:

- eruptions on the skin,
- intense itching,
- elephantiasis,
- nodules in which the adult thread-worms accumulate,
- ocular lesions,
- and finally blindness."/

"Like any parasitic illness, onchocerciasis requires the conjunction of three elements: man, parasite, and vector. In absence of any medications which at present could be employed without danger in a mass campaign against the parasite, our strategy consists in controlling the vector, by aerial spraying of insecticides on the flowing water where the larval beds are found, so as to interrupt the transmission of the disease, the objective being to remove onchocerciasis as a major public health problem and an obstacle to economic development. This objective, today, has practically been attained.

"The vector is under control in 80 percent of the land area of the program. The remaining 20 percent constitutes what we call pockets of re-invasion, the size of which decreases consistently as we expand control. The incidence of the disease of onchocerciasis has decreased by 10 to 20 percent in all the villages. Ocular parasitism is decreasing.

"Ocular lesions are stabilized. In the 0-10 age group the disease has become a rarity, and the percentage of blindness due to onchocerciasis is today near zero. Translated into economic terms, the excellent results obtained by the campaign against the vector basically mean the liberation of 276,000 square-kilometers of new land. This sudden availability of good additional land will have three effects:

--relieve the demographic pressure over a vast zone.

--attenuate the devastating effect of erosion on this same zone.

--increase agricultural productivity with the help of the sizeable investments which the seven governments have begun to make to exploit these new lands."

It must be said that in waging the campaign against onchocerciasis in the Volta basin, we have never lacked for financial resources. Over the two phases, 1974-1979 and 1980-1985, the amount of resources necessary to the conduct of our operations is estimated at around 35 billion CFA francs. As of this date, we can consider as settled the financing of the entirety of this sum. It is subscribed, as unfettered gifts, by a group of countries and international organizations including: West Germany, the African Development Bank, Belgium, Canada, the United States, France, Great Britain, Holland, Japan, Kuwait, Norway, OPEC, the UNDP, Switzerland, the Al Sabah Fund, Saudi Arabia, and finally the World Bank itself which had handled the mobilization of funds and manages them on behalf of the World Health Organisation.

[28 Nov 80 pp 1, 10]

[Text] The work of the first meeting of the Joint Committee for the Campaign to Eradicate Onchocerciasis ended yesterday morning in Yamoussoukro. This took place under the effective chairmanship of the minister of state, Mr Auguste Denise. Before the closing speech, a new director to head the work of the campaign was elected, Dr E. Samba, consultant, director-designate of the campaign to eradicate onchocerciasis, who will replace Mr Marc Louis Bazin, who has been called to other duties with another international organization. Several speakers, including President Denise, took the floor to pay well-deserved homage to the outgoing director, who imbued the program with the seriousness and scope which it has today. /"If the program is a success,"/ President Denise will say, /"we owe it to his enlightened leadership and to his administrative skill. All of us have the highest regard for Mr Bazin, as do all participants in the campaign. I want to personally wish him a long and fruitful career at the World Bank. At the same time, I would like to welcome Dr Samba, who will assume his duties in mid-December, and I am sure that our relations with him will be just as close and cordial."/

The results of the deliberations at Yamoussoukro will be communicated to the interested countries and organizations a month from now, as will the date and place of the next meeting.

[Article by special correspondent Ladjî Sidibe]

The work of the first meeting of the Joint Campaign for the Eradication of Onchocerciasis, which began last Tuesday, ended yesterday morning in Yamoussoukro. The date and place of the next meeting will be determined between now and the end of next January. During this meeting a new director of field operations was elected, Dr Samba of Gambia. He is replacing the outgoing director, Mr Marc Louis Bazin of Haiti.

Before the closing address from the minister of state, Mr Auguste Denise, who presided over the deliberations of this meeting, several participants spoke up to pay deserved homage to the out-going director who for 4 years has with much success led the campaign against onchocerciasis in the seven participant countries. Thus a special resolution of congratulations was approved for the great pioneer of this great operation, which required sustained effort and [self-] abnegation to put into action.

The participants also paid homage to the chief of state, President Felix Houphouet-Boigny, who did everything in his power to ensure that the meeting in Yamoussoukro, his hometown, would be a success, which it was. As for the deliberations themselves, they were devoted to the study of seven main points. These are: the activity report of the World Health Organization for 1980, the report of the consultative commission of experts, socioeconomic development in the zones covered by the campaign in the seven countries, the action plan and budget program for the year 1981, the financing of the program--estimated at 35 billion CFA francs--, the interim report of the independent commission on long-term prospects for the campaign, and finally the interim report on the study of the feasibility of a campaign to eradicate onchocerciasis in the region of the Senegal River basin.

The exchanges of views on each of these points among the delegates from the seven countries concerned--namely Benin, Ivory Coast, Upper Volta, Niger, Ghana, Mali, and Togo--on the one hand, and the experts and contributing parties on the other, composed of the following countries and organizations: Saudi Arabia, African Development Bank, Belgium, Canada, United States of America, France, Japan, Kuwait, Netherlands, West Germany, United Kingdom, FAO, World Bank, UNDP, WHO, will be the subject of a report which will be published within a month by the secretariat of the joint committee for the campaign to eradicate onchocerciasis.

The various points on the agenda items aroused quite lively discussion and the exchanges of views were very encouraging for the future of the joint committee for the campaign to eradicate onchocerciasis. Which caused the minister of state, Auguste Denise, who presided over the deliberations, in his closing address, to say: "I was very favorably impressed by the questions which were posed, especially as they related to scientific and technical aspects, which are sometimes difficult to explain clearly. This is a source of satisfaction for all those whose task it was to draw up the texts which were submitted here for your examination, and which were discussed."

The Discussion of Success

"This meeting has been constantly imbued with the spirit of collaboration which reigns between WHO, that is the organization charged with project execution, the other institutions collaborating in it, the donor countries, and the participant countries.

"It has become apparent over the years that the participants have little by little become a veritable OCP [expansion unknown] family, closely bound, whose members have as a common objective to improve the well-being of millions of people several hundred [sic] of whom are unfortunately stricken by this dread disease, onchocerciasis, which, when it did not kill, led to blindness. But now there is hope.

Thanks to unceasing efforts, the OCP can pride itself justly on having reduced the incidence of onchocerciasis in 80 percent of the zone covered by the campaign.

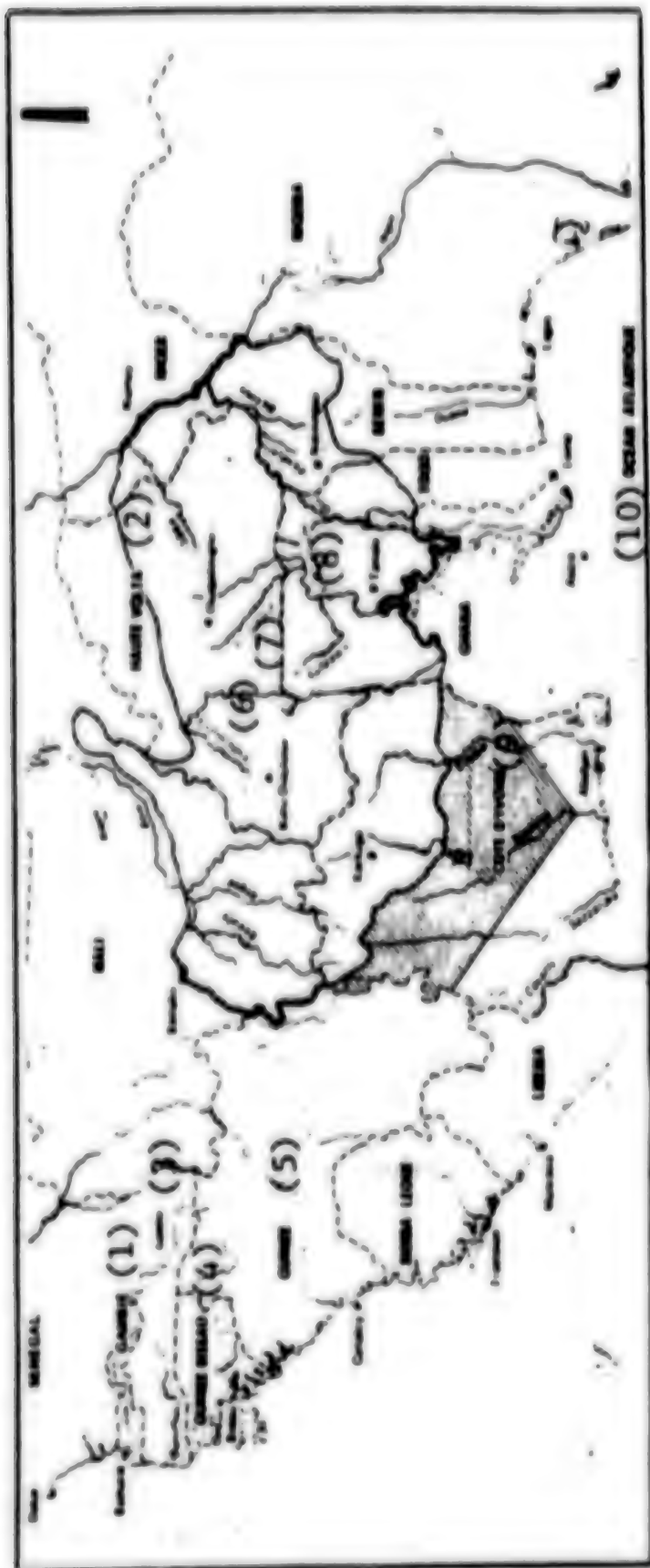
"Naturally, we cannot be fully satisfied. The reports presented by the delegates from our fraternal countries of Africa and the observations they made show clearly that still more needs to be done. Some are asking that the campaign play a larger role in the study of other maladies; some believe the campaign should look into chemo-therapy research. Others are concerned with the problem of re-invasion and of resistance. Others still demand an extension of the zone of the campaign. These are all legitimate aspirations, and I see in them the ransom (sic) of the confidence which our organization and its methods have inspired.

"The new consultative organ, the consultative committee of experts, headed by Dr G. Camus, has confirmed its intention of fulfilling its mandate, which is to aid the campaign and to keep the joint committee constantly informed, and we encourage it to pursue this extremely important task.

"In my first speech, I stated that it was the responsibility of the participating countries themselves to benefit from the efforts deployed in the struggle to eradicate onchocerciasis and to proceed to the utilization of the valleys freed from this disease. The reports witness a positive response in this regard, but I think the suggestions aimed at getting more precise information on the sanitary structures that would be needed to utilize and colonize the [new] lands are quite to the point.

"This aspect of the question should be examined, in fact, in the general structure of the public health services of our countries, while we unite our efforts to establish health for all between now and the year 2000.

"The president of the independent commission shares [with us] some ideas which have been expressed on the subject of the long-term prospects of the campaign. On the other hand, we have taken cognizance of the study of the feasibility of a campaign to eradicate onchocerciasis in the basins of the Senegal River, as well as of information on the progress of studies on [possible] extensions into southern Ghana, Togo, and Benin. Following the final reports which will be presented at the next meeting of the joint campaign committee, decisions of the first magnitude will have to be taken."



MAP LEGEND

- | | |
|------------------|--------------------|
| 1. Gambia | 6. Black Volta |
| 2. Upper Volta | 7. Red Volta |
| 3. Gambia (B.) | 8. White Volta |
| 4. Guinea-Bissau | 9. Ivory Coast |
| 5. Guinea | 10. Atlantic Ocean |

OPENING OF ANTITUBERCULOSIS COURSE FOR PROVINCIAL WORKERS

BK240728 Phnom Penh Domestic Service in Cambodian 1230 GMT 22 Jan 81

[Text] In order to further develop and expand the public health sector and promote the antituberculosis division, on 21 January a ceremony was held at the antituberculosis institute to open the first course on antituberculosis technique and expertise for 28 trainees from various municipal and provincial health networks under the sponsorship of Comrade Bunchan Bunson, chairman of the antituberculosis institute committee.

Presiding over the ceremony were Comrade Nu Beng, minister of public health; female Comrade Chey Kanh Nha, vice minister of public health; and Comrade Yut Kim Teng, vice minister of public health. Several cadres and personnel of various offices and ministries also attended.

After a speech by Comrade Bunchan Bunson, who is also head of the antituberculosis hospital, on the significance of the course to train municipal and provincial health cadres and personnel in antituberculosis technique and expertise, Comrade Health Minister Nu Beng took the floor to advise and exhort all trainees to heighten their revolutionary vigilance and to strengthen their stand by studying hard to increase their professional capacity both in theory and in practice in order to use the knowledge acquired during the course to serve the people and revolution effectively and according to the policy of the KNUFNS and KPRC.

In conclusion, a representative of the trainees pledged that in order to show gratitude to the KNUFNS, "We will spare no efforts to study hard and imbue ourselves with this knowledge in order to become able to treat the patients and prevent the people from contracting this disease by resolutely carrying out the wish of the KPRC." This ceremony ended with success in a very joyous and warm atmosphere.

CSO: 5400

IMMUNIZING ALL CHILDREN AGAINST RUBELLA RULED OUT

Christchurch THE PRESS in English 23 Dec 80 p 9

[Text]

PA

Wellington

There would be no point in vaccinating all school pupils against rubella, according to the Health Department. The system failed once and it would probably fail again, said Dr Campbell Sagg, the director of health promotion for the department, in a reply to a call by the Federation for Deaf Children not to open schools next year until all pupils have been vaccinated against rubella.

Dr Sagg said that from 1979 to 1978 the department's policy had been to vaccinate boys and girls at the age of five. The idea to vaccinate both sexes had been to reduce the incidence of rubella in the community and to lessen the chances of the disease being contracted by pregnant women.

But the numbers of children which had been immunized had been low and so the campaign had not achieved its aim. There had also been criticism of vaccinating boys who were not at great risk from the disease.

Because of this the department had changed its policy to one of immunizing girls at the age of 11 to protect them from the danger of giving birth to a disabled baby. At the same time the department had begun campaigning for all women of child-bearing age to be immunized.

The evidence was that going back to immunizing all school children would not be any more effective than it had been previously.

The long-term solution to the problem was already

being covered by the immunizing of girls aged 11. This programme was about 90 per cent to 100 per cent successful. The short-term problem of immunizing women likely to become pregnant had to be concentrated on now.

The president of the Federation for Deaf Children, Mr John Ross, said that the department's casual attitude was responsible for the present rubella outbreak.

The federation did not trust the judgement of the Epidemiology Committee, which was the Government's advisory body in such matters. The committee was satisfied that the department's present immunization policy and publicity campaign was adequate but if the department had been doing its job properly, the present out-

break would not have occurred.

Mr Ross said that the department estimated that 20 per cent of women of child-bearing age had not been immunised against rubella. He predicted that there could be another 100 handicapped children from next year as a result of the outbreak.

"The department has known for two years that this was on its way," he said.

The publicity was aimed at the wrong places and was not on a large enough scale to be effective.

"Women are not going to go to doctors' surgeries and see advertisements unless there is something wrong or they are pregnant. By then it is too late."

BRIEF

1980 TUBERCULOSIS CASES--The Ministry of Health has reported that 3,381 new cases of tuberculosis were recorded in 1980. However, the figure could be smaller since half of the cases were clinically diagnosed, without saliva tests being conducted. According to the Panamerican Health Organization, there are 10,000 persons suffering from this illness in Nicaragua.
[Managua Sistema Sandinista Television Network in Spanish 0200 GMT
9 Jan 81 PA]

CSO: 3400

IMPROVING MEDICAL CARE SYSTEM URGED

Lahore THE PAKISTAN TIMES in English 21 Dec 80 p 4

[Article by Waseem Malik]

[Text]

Although over the past 30 years the infant mortality and crude death rates have declined significantly the country remains by and large critically short of proper medical care for a large mass of its population.

Inadequacies of the medical care system in Pakistan are reflected in the low life expectancy which is 51 years as compared to 70 years in developed countries. The crude death rate at 15 per thousand as against 8 in New Zealand, and infant mortality at 113 per thousand as against 18 in U.K., 10 in Japan and 11 in Switzerland. The Physical Quality of Life Index which measures life expectancy, infant mortality and literacy is estimated to be 38 only for Pakistan as against 94 in the industrialised countries. It is estimated that about 50 per cent of the country's population is within two-mile radius of modern medical facilities.

Facilities

The health facilities are not only inadequate, but also unfairly distributed, outside the reach of the common man and geographically in

accessible. It is estimated that only a small percentage of the population has easy access to modern health services because of lack of roads or affordable means of communications. In 1970 the population per doctor was 3700 persons in urban areas as against 24,330 persons in rural areas. In case of hospital beds, the rural areas with 70 per cent of the population have only 19 per cent of the total hospital beds.

Not only is the availability of health-related services in rural areas extremely inadequate but they are also of doubtful value because of untrained and inadequate staff, insufficient supervision, lack of equipment and machines, etc. Moreover, health services in the country as a whole place emphasis on curative care instead of prevention and early treatment. Medical care facilities mainly consist of hospital beds, physicians and nurses, although health is also related to an individual's income, calories supply per capita as against requirements, access to safe and clean water and adult literacy. At the time of independence, Pakistan had only 1014 doctors and over 14 thousand hospital beds. The situation has improved quite significantly as the number of hospital beds in the coun-

try has increased by 36 thousand and doctors by 13 thousand since 1947. In terms of population per physician, there were 11 thousand persons per hospital bed in 1960 which ratio improved to 3780 persons in 1978, as compared to 9000 persons in low income countries, 4110 in middle income countries and 630 persons in industrialised countries. Population per physician in Pakistan was estimated to be 2070 persons as against 1620 persons in India, 120 persons in U.K., 100 persons in Japan and 90 persons in Austria. Population per nurse was estimated to be over 10 thousand persons in Pakistan as against an average of 220 persons in industrialised countries. Access to safe water is available to only 29 per cent of the country's population as compared to an average of 60 per cent in middle income developing countries.

Expenditure on health in Pakistan is about 0.80 per cent of GNP as against an average of 2 per cent in low income countries. Government outlay per capita in Pakistan is estimated to be one dollar as against 230 dollars in industrialised countries.

Development expenditure on

health in Pakistan has, however, gone up from Rs. 6 million in 1970-71 at current prices to over Rs. 750 million in 1978-79. In case of per capita non-development expenditure, at constant prices, it went up slightly from Rs. 2.33 in 1970-71 to Rs. 2.85 in 1977-78.

Expenditure

Recently, the total annual expenditure on health in the country rose to around Rs. 150 crore or about Rs. 18 per capita at current prices. To maintain the expenditure per capita at the present level at constant prices, the annual increase in expenditure should be about Rs. 40 crore as against an average annual increase of Rs. Rs. 20 crore in the past few years.

The total number of physicians in the country is presently estimated at about 15 thousand. By the year 2000, the number of physicians would go up to around 90 thousand as against 2.5 lakh needed to achieve a ratio of 630 persons per physician. In order to attain the present Western ratio of about 100 persons per bed, the number of beds should rise to 7.80 lakh as against the present availability of around 90 thousand beds.

In order to provide health cover to maximum number of people at the earliest it is necessary to evolve a low cost indigenous strategy.

The future health plan should rely apart from Hakim and Homoeopaths on mid-level health workers rather than physicians and nurses. It seems appropriate that middle level personnel with one-year training

after matriculation should be produced to provide large scale medical care to over 50 million rural population. Medical institutions should employ simple, inexpensive buildings and equipment.

Village health workers can be trained at low cost by simplifying procedures for the diagnosis and treatment of common diseases and narrowing the range of treatment. It is also possible to encourage community participation in low-cost health system.

Rural health centres or urban clinics should be established to provide medical care to those whose problems are beyond the capacity of community health workers. This level should be managed by a medical assistant having two years' training and education upto F.Sc level etc. At the final and third level, there should be hospitals employing highly qualified physicians and specialists etc. Training for physicians and nurses in Pakistan follows the international curricula. It neglects local common diseases and presumes availability of sophisticated facilities and equipment. Presently, Pakistan is producing about 1200 doctors and 500 nurses per annum, but future output is expected to increase to 4000 doctors and 1500 nurses per annum. Further investment on health should concentrate not only on producing doctors but also on increasing output of middle level medical personnel and services capable of meeting the needs of rural areas where a majority of our people live.

BRIEFS

VIRUS-SPREADING MOSQUITOES ATTACK LAHORE LOCALITIES--Lahore, Jan 10--Presence has been detected in Lahore of a deadly virus-spreading mosquito, whose bite causes jaundice and yellow fever which could result in the death of the victim. The mosquito called 'aedes aegypti' has been found in the four Lahore localities, namely, the area around Sir Ganga Ram Hospital, Kibarkhanas of Bilal Gunj and Haulakha and Lahore railway station. A meeting was held here on Wednesday to devise ways and means to eradicate this menace in the city. Dr. Nazeer Alan Haru, Principal, College of Community Medicine, has been entrusted with the supervision of the anti-mosquito campaign. The 'aedes aegypti' is also known to have attacked birds and the virus produced therein has the capability to enter into human body to play hell with it. The presence of this deadly virus-carrying mosquito was also detected in 1947, when there was a large-scale migration of the population. The mosquito has the tendency to breed at all places where water accumulates instead of drains or gutters. [Text] [Karachi DAWN in English 11 Jan 61 p 3]

CDO: 3400

MANY RECOVER FROM CHOLERA; MAP SHOWS AREA AFFECTED

Fifteen Still Hospitalized

Johannesburg THE STAR in English 6 Jan 81 p 6

[Text]

Almost 1 000 South Africans have had cholera — but more than 900 are back at work. And only 15 patients remain in hospital.

The Deputy Director General of the Department of Health, Dr James Gilliland, told The Star's Pretoria correspondent today that the Aids was heartening.

Three-quarters of the reported cases were the "contact" type: they had been picked up through laboratory tests only, showed no symptoms and the people were not ill. "Most of them, in fact, do not require treatment," he said.

Forty-six new cases had been reported since January 2, bringing the national total to 901, of which 919 were in the Eastern Transvaal lowveld.

He emphasised that the figure of almost 1 000 was

"meaningless" and "of historical interest only" in the light of the high proportion of cases cured.

Dr Gilliland noted that personal hygiene was the most important factor in fighting cholera.

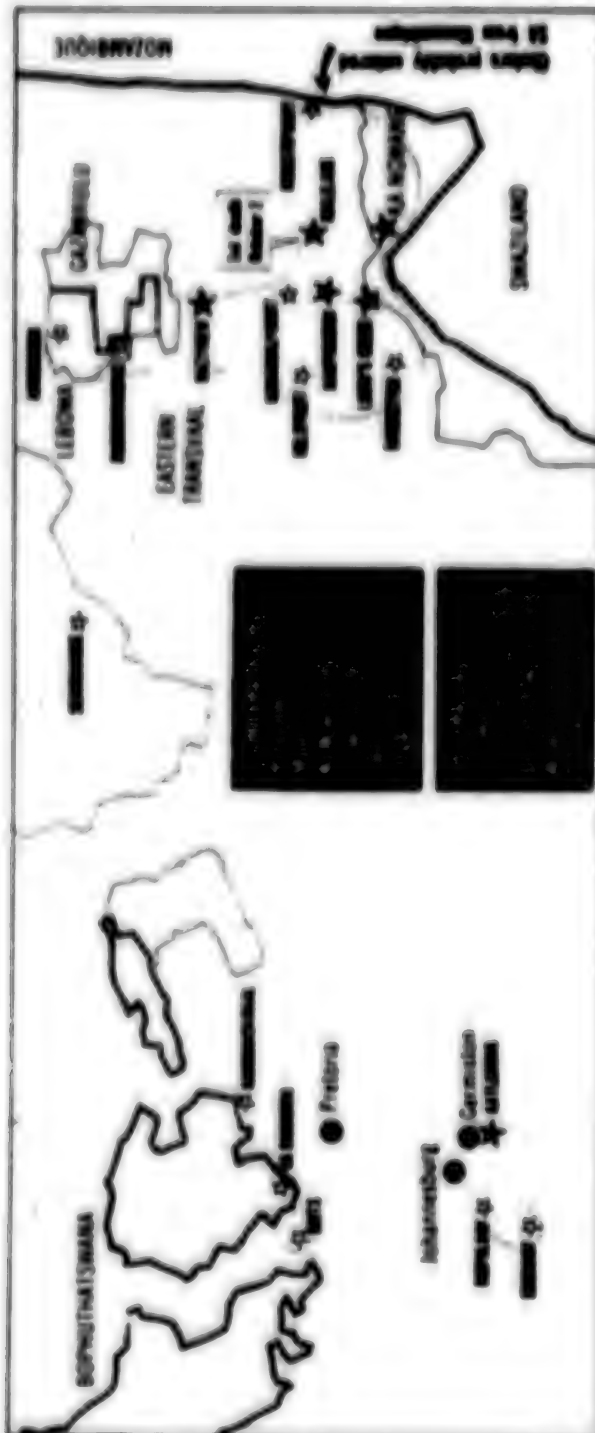
Was cholera endemic to the Eastern Transvaal lowveld? "It has not yet reached this stage. But the outbreak in the Louw's Creek-Matsiela area could be regarded as a temporary epidemic," he said.

The World Health Organisation had reported that Gabon and Sudan were the new African countries on the 1979 cholera list. In Africa, reported cases dropped from 23 517 in 1978 to 18 000 in 1979.

Location of Cases

Johannesburg RAND DAILY MAIL in English 13 Dec 80 p 3

[Text]



THE cholera epidemic continues to escalate. The confirmation of 28 more cases in the disease-stricken Eastern Transvaal yesterday raised the number in the area to 519.

This brings the total of positively identified cases in South Africa to 894 in two years.

A spokesman for the Department of Health said three of the cases confirmed yesterday came from Gannakula. The others were from infected areas on the Crocodile and Kopp rivers between Barberton and Makhosana.

On Monday the department will hand out 250 000 anti-cholera pamphlets to rural stations in the northern and Eastern Transvaal.

SOUTH AFRICA

BRIEFS

TYPHOID SCARE IN DURBAN--Durban--Typhoid has broken out in Durban and a round-the-clock search is being carried out by the city health department to try to pinpoint the source of the disease. Doctors have confirmed that a prominent Durban North businessman, admitted to hospital last week with a high fever, has typhoid. Dr Colin MacKenzie, Durban's medical officer of health, said they were trying to locate any contacts the man may have had during the incubation period. The search had been hampered, he said, because the man had recently returned from a visit to the Transkei and Ladysmith. The search has also been extended to all restaurants and eating places he may have visited within the past few weeks. Typhoid is a much more contagious disease than cholera. But Dr MacKenzie said there was no need for panic. Twelve more cases of cholera have been reported, bringing the South African total to 707. [Text] [Johannesburg THE STAR in English 18 Dec 80 p 1]

CHOLERA CASE IN OPS--A further 20 confirmed cases of cholera had been reported in South Africa up until noon yesterday, the Department of Health said in Pretoria. These cases had occurred mainly in the Kanyeme area in the Eastern Transvaal, although one had been reported from Edenville near Kroonstad in the Free State. [Text] [Johannesburg THE CITIZEN in English 13 Jan 81 p 3]

CSO: 5400

BRIEFS

CHOLERA AREAS--The Ministry of Health announced on 14 January that Mannar will be declared a diseased area with effect from 16 January. This is being done in a bid to curb the outbreak of cholera. A total of 23 positive cases have been reported throughout the country this month. Meanwhile, Batticaloa became the newest area from where a positive case of cholera has been reported since the outbreak in November. Health Ministry Secretary B. C. Perera said on 13 January that this type of cholera "El tor" which occurs in a mild form could be easily controlled if treatment was sought immediately [as] the symptoms appeared. (BK210325 Colombo SUN in English 14 Jan 81 p 1 BK)

CSO: 5400

CHOLERA SHOT INSTRUCTIONS REPORTED

Mbabane THE TIMES OF SWAZILAND in English 13 Jan 81 p 1

[Article by Pat Nxumlo]

[Text] Staff at the Public Health Centre in Mbabane has been given instructions not to inoculate anybody against cholera except those intending to leave the country.

A large crowd of people from around Mbabane and other outlying areas in the district were turned away at the health centre yesterday. They were first addressed by Dr. Ruth Tshabalala, the medical officer in charge of the public health centre.

Only those who could produce passports or travel documents as proof that they were leaving the country were inoculated.

One member of the public came to the Times yesterday to complain about the lack of notice about the decision. He said that scores of people who could ill afford transport costs had come from many kilometres away for inoculation, having been urged by Ministry pamphlets and radio announcements to do so, and had been turned away.

Inoculation at the Public Health Centre in Mbabane, for those who can produce passports, are free. Inoculations at the Mbabane Clinic, where there is no such restriction, cost E3.50.

Dr. Tshabalala later confirmed to the Times that she had turned away all those people who had come to be vaccinated against cholera except those intending to leave the country.

She told the Times that no case of cholera has as yet been identified in Mbabane and therefore advised that people in this area should not panic, but observe their hygiene.

Dr. Tshabalala appealed to the community of Mbabane to report all cases of diarrhoea and vomiting so that these can be tested by the Ministry of Health.

Once any case of cholera has been identified, the necessary precautions will be taken as they were at Nkoyoyo and Mvutshini areas, both about 5 kilometres from Mbabane, recently.

She said immediately the cases were identified in Nkoyoyo and Mvutshini the health personnel went to the areas and all appropriate actions were taken and such investigations as to the state of water consumed by the community made as well as whether or not they had proper toilet facilities.

She appealed to the public to observe the health precautions boiling water if it is not from a treated source; wash hands after visiting the toilet; kill or prevent flies from coming into contact with food and avoid eating uncooked foods.

Dr. Tshabalala warned that should the public fail to observe their hygiene and hope that the inoculation will protect them from the disease, they will be doomed.

Hundreds of people have been queueing for vaccination at the centre ever since the death from cholera of a woman from Nkoyoyo near Mbabane last month.

And since then people have been vaccinated, irrespective of whether they were leaving the country or not. Many more are reported to have even come from Manzini since vaccination there has not as yet been opened to all except those going out of the country.

CSO: 5400

REPORTAGE ON CHOLERA ALERT, CONTROL MEASURES, IMPACT ON COMMERCE

Vendors Require Permits

Mbabane THE TIMES OF SWAZILAND in English 22 Dec 80 p 1

[Excerpt] ALL SWAZI CHIEFS in South Africa have been advised to ensure that they are vaccinated against cholera in time for their departure to this country for the Incwala Ceremony on Thursday.

Food vendors have also been advised that due to the cholera situation only those with permission will be allowed to sell food in the Incwala under the supervision of health officials.

Making this announcement on Friday, the Minister for Home Affairs, Prince Gubbani appealed to the public and those vendors who have not yet received permission to co-operate with government at this critical moment.

The severity of the situation, he said, had been demonstrated by the recent emergency sitting of Parliament which had been specifically called among other things to allocate funds to the Ministry of Health to fight the disease.

Prince Gubbani expressed the hope that with the co-operation of the public the Incwala ceremony will pass without incident in as far as cholera is concerned.

Under normal conditions food vendors come from as far afield as Lubombo, and the Shiselweni and Pigg's Peak districts with cooked food to sell during such national ceremonies as the Incwala, independence anniversary, the King's Birthday and the Umbhanga Road Dance.

Although Swaziland can still count itself lucky in that so far only one case of cholera has been confirmed, the Ministry of Health and government in general are taking no chances about the disease.

During the recent emergency sitting Parliament was asked to pass supplementary estimates amounting to E240,000 to the Ministry of Health, the bulk of which will go towards preventive work started for cholera.

Reaction to First Fatality

Mbabane THE TIMES OF SWAZILAND in English 29 Dec 80 pp 1, 8

[Text]	AN ELDERLY WOMAN from Nkoyoyo near Sidwashini in Mbabane has died at Mbabane Hospital	She was admitted on 16th December, complaining of diarrhoea and vomiting, and died soon after.	She is the second confirmed case in the Kingdom. The first was reported in Pigg's Peak on 4th December, in a 15 year old schoolgirl, who responded to treatment.	A Ministry of Health spokesman said that there was no connection between the two cases. The spokesman, describing the circumstances of the fatal case, said:
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"All relatives living with the elderly woman were examined for cholera and a woman having contact was diagnosed as a carrier of cholera. A carrier is somebody who has the disease but does not suffer from it and is capable of infecting others.

"Two types of carriers exist, one who gets the disease but does not suffer from it and the other is somebody who has recently recovered from illness. Carriers are responsible for the spread of the disease amongst the public.

"It is therefore important that people should use latrines and wash their hands thereafter," the Ministry spokesman said.

The Nkovo woman carrier of cholera was admitted to Mbabane Hospital and given the necessary treatment to eliminate her carrier state. The surrounding homesteads were vaccinated.

The Ministry spokesman repeated the warning that in view of the health hazard posed by carriers it is more important than during the current national festivals every precaution be taken to practise the following:-

1. Boil water and milk.
2. Use a latrine/toilet
3. Keep hands clean
4. Cook food properly
5. Cover food to prevent flies
6. Wash fruits and vegetables
7. Help kill all the flies

A concert by Miriam Makeba and trumpeter Hugh Masekela, scheduled for Sombhale Stadium, was cancelled by government just before Christmas, the reason given being that thousands expected to flock to the show from South Africa might include cholera carriers.

Botswana also banned a concert scheduled for Gaborone, giving the

same reason, but newspapers yesterday quoted one of the organisers as doubting these explanations, and suggesting that there were political overtones. The Makeba/Masekela show was ahead as planned in Masera, Lesotho.

Fruit, Vegetable Imports Stopped

Mbabane THE TIMES OF SWAZILAND in English 30 Dec 80 p 1

[Text] AS THE outbreak of cholera continues to make its presence felt, more fruits and vegetables were prevented at the borders from entering the country from neighbouring states during the long weekend.

At the Oshana border post yesterday, quantities of fruits and vegetables from South Africa were disposed of.

A spokesman for police headquarters in Mba-

bane said more fruits and vegetables have been disposed of ever since the imposition of the restriction following the outbreak of cholera in the Eastern Transvaal.

The spokesman said only fruit and vegetables without a clearance certificate were prevented from entering the country.

Times photographers were not allowed to photograph the goods.

Vegetable Prices Rise

Mbabane THE TIMES OF SWAZILAND in English 2 Jan 81 p 5

[Text] CUSTOMERS are getting madder and madder ... but those vegetable prices are getting higher and higher - if you can find them at all. James Dlamini has been checking the situation in a number of markets.

THE OUTBREAK of cholera in Swaziland is not only a reality, but it is now beginning to sting and is being felt sharply by all income groups.

Major urban and population centres in the country are experiencing acute shortages of basic vegetables, used by people in all income categories - lower, middle and higher. Most affected are onions and tomatoes. Also affected greatly are potatoes, spinach, beans and fruits such as apples and bananas.

The shortage is so acute that in some areas, it is possible to stay without onions and tomatoes for up to two weeks. The shortage started being felt as soon as the ban on vegetables from South Africa was put into effect but it became more sharply felt during the past few weeks.

These shortages have resulted in massive price hikes in the prices of basic vegetables. The prices are now so high that lower and middle income people can forget about tomatoes, onions and potatoes. These food stuffs are now a luxury. It is now more expensive to buy a packet of potatoes, onions, or tomatoes than to buy a juicy piece of rump steak.

Before the outbreak of cholera which resulted in the shortages, three, four or in some cases even five onions in a small packet used to cost 20 or 30 cents depending on where you were buying them. Now two onions in the market place in Mbabane and Mbuluzi, the only two places where you can buy them legally in the Mbabane urban area, now costs E1.

This is if you can find them at all. Both places had no onions at all earlier this week, and the market women said it was possible there may be no onions until next week. However, they were not sure that they would get supplies at all even then.

When The Times checked the market place in Mbabane on Monday afternoon there were about six small packets of tomatoes which used to cost 20 cents before. Now each packet costs E1. They are not even fresh. Unless you really need them you wouldn't buy them even for 20 cents.

The tomatoes are mostly shrivelled and over-ripe - the ones you used to throw away before. One shopper exclaimed when he was told that a small packet of tomatoes cost E1. "Why E1 for such a small packet of over-ripe tomatoes?"

"Only E1 Sir, there is nothing I can do about it." He sounded desperate - as if he wanted the customer to understand his plight.

"Look, I have only three packets, left and when they are finished with these (he said pointing at a small bundle of potatoes) I will have nothing else to sell until I get new supplies and I don't know when that will happen," he said.

He then picked up a small box and said: "I paid E4.60 for this box."

The box looked as if it could produce six packets for him to sell. The customer shook his head and left without buying anything.

The tomatoes looked as if they would be unfit for human consumption if they stayed for more than one day. The man had the few packets of tomatoes, a small bundle of potatoes and two packets of green beans. He looked as if he was really in trouble.

The market women in Mbabane now charge E1

for a packet of potatoes which used to cost 50 cents before. At least this is only a 100 percent price rise as compared to the more than 400 percent price rise in regard to tomatoes and onions.

The stalls were almost empty in general except for mangoes which are in season from the Figa's Peak sub district. There were also a few packets of over-ripe bananas and some beans. Most of the men and women who run the market place are almost out of business and many looked as if they had nothing to do and some women were knitting jerseys and hats.

There were no apples or other fruits at all.

"I sold the last packet of apples I had yesterday and I charged E1 for three," one woman stallholder said.

In one fruit shop which is usually packed to capacity there were a few bundles of spinach which cost 35 cents a packet. A packet used to cost 20 cents before. There were a few of potatoes, three avocado pears. The shop keeper said he has been getting rare supplies from the Malkerna area since the ban. He said it was possible to make an order and get nothing for up to two weeks.

There are 14 stalls held by 14 different people at the Matsapa fruit and vegetable market. They cater for a broad range of people in this market, ranging from people working in the industrial area, teachers at the Swazi National High School and surrounding townships including eMhuleni.

There were only two stalls open with a few packets of mango. The first stall had seven packets, three mangoes in each packet and the second had five packets. Each packet costs E1.20. Before each packet with four mangoes cost 20 cents. However, this is still a little cheaper than in Athabane where you could get 1.

Five of the stalls had small bundles of pineapples. Each packet with four packets. - 10 (1991) -

cost 25 cents before. The other stalls were virtually empty except for one which sells malweni and fritters. The women in the other stalls just stand there waiting, hoping that supplies may arrive. Some said they had nothing to sell since they came back from the Christmas holidays.

Outside the market along the road two vendors were selling cabbages at E1.20 for one which cost 50 cents before. There told a woman who complained to go and try her luck elsewhere. They seemed confident that she would come back. They grow these cabbages themselves and come from eMhuleni.

At Matsapa market, which used to be the cheapest in the whole area from Matsapa-Matsapa to Athabane, a packet of pineapples which cost 25 cents before now costs E1. and it is try to sell for up to E1.20 if they think you are a stranger. This busy market only had a few bundles of orange tomatoes which they sold for E1 per packet of five.

Matsapa market is one of the busiest markets in the country. There were a few bananas and large

bundles of pineapples. Matsapa is the biggest business now at Matsapa - some are cooked and some is roasted. There were no mangoes at all and there were no apples and other fruits which are usually sold to the market.

At Matsapa market there were no mangoes in containers but there were some bundles of pineapples which cost E1 a packet. Some stalls have been closed and the women don't come to the market at all.

Some of the street vendors are disappearing from the streets because there is nothing for them to sell. Those who are left sell mangoes which are in containers but they realize that you can't have 20 vendors all selling mangoes when the market place is overcrowded.

Meanwhile, more fruits and vegetables were processed at the borders from entering the country from rural, during the long weekend. At the Oshana border post, quantities of fruits and vegetables from South Africa were disposed of. Police have said that fruits and vegetables without clearance certificates will be destroyed.

More Cases Reported, Supplies Offered

Mbabane THE TIMES OF SWAZILAND in English 5 Jan 81 pp 1, 2

(Text) A FEW suspected cases of cholera have been reported at the Mbabane government hospital a spokesman for the Ministry of Health in Mbabane confirmed last Friday.

However, he emphasized that the reported cases had not been as yet confirmed. So far only one death has occurred from two confirmed cases of cholera in Swaziland. At Mbabane near Mbabane died after being admitted in the Mbabane general hospital recently.

The has intensified immunization against cholera at the Public Health Unit in Mbabane where scores of people including children are up every day to be vaccinated.

Zimbabwe Offers Veg Supplies

THE MANAGER of a leading supermarket in Mbabane has said that he has been promised supplies of fresh vegetables from Zimbabwe by vegetable dealers from that country.

Mr. Pat McGrail, manager of the O.K. Supermarket in the Sweet Place in Mbabane said, however, that this would depend on the dealers being issued with permits to bring vegetables to the country by the Ministry of Health. The Zimbabwe supplies, if allowed, would be mainly onions which are the source of all since the ban on vegetables from South Africa was imposed.

Mr. McGrail said representatives of the would-be supplier from Zimbabwe have approached him and offered to bring supplies. He referred them to the Ministry of Health to try and get permits. This is still to be discussed with the Ministry.

The Permanent Secretary in the Ministry of Health, Mr. Mthembu (Dumini) was non-committal. He said he could not comment until

the issue has been discussed with the affected people and practical arrangements are discussed to see if the offer is acceptable.

"I would say it's a technical issue which we would have to be advised upon by our technical staff," Mr. Mthembu said.

However, there are also practical problems envisaged by Mr. McGrail. Mr. McGrail said if the vegetables are sent by trucks from Zimbabwe the process would take about two weeks and they might not be fresh by the time they arrive in Swaziland.

The Ministry of health spokesman also complained that if they are trucked down this might cause some complications since they would have to pass through South Africa, possibly through the affected areas.

Mr. McGrail said if the vegetables are to arrive in the country still fresh and without standing the danger of being contaminated as they pass through the Republic, they would have to be flown in.

It would mean that the cost would be very high since the O.K. would have to pay £6 to £7 for a small bag.

Mr. McGrail said during previous discussions with officials from the Ministry of Health, on potential alternative sources of supplies, that health workers expressed fears of possible piracy by some vegetable dealers. This was pointed out when the Ministry was approached to discuss offers from the Orange Free State. It was feared that pirate dealers from the affected areas in the Eastern Transvaal may smuggle vegetables to the Orange Free State to be stamped in that province before being sent to Swaziland.

"Meanwhile all we can do is try what is locally available, and that's not very much -- in fact, it's almost nothing. We get small supplies of potatoes, beans, squash, leeks and a few peppers," he said. "Yesterday there were potatoes and leeks only, supplied from Malkerns."

"The market seems to be getting more than we and I don't know how," he said.

Meanwhile the prices of their vegetables are still soaring. Even if the O.K. gets supplies from Zimbabwe by air, the prices would still have to be extremely high because of the costs unless alternative arrangements can be worked out.

TANZANIA

BRIEFS

CHOLERA CONTAINED IN LUSHOTO--Cholera, which has so far claimed 13 lives in Lushoto District since December 7, has now been contained, a health official said in Lushoto yesterday. The official told the District Anti-Cholera Committee that out of 61 patients reported in the district during this period, only two were still receiving treatment at Ngulvi and Punta villages in Lushoto and Bumbuli divisions. [Text] [Dar es Salaam DAILY NEWS in English 5 Jan 81 p 3]

CSO: 5400

BOTSWANA EXPORTS VACCINE FOR FOOT-AND-MOUTH TO NEIGHBORS

Gaborone DAILY NEWS in English 22 Dec 80 p 1

[Article by Johannes Pilane]

[Text]

Botswana now exports large quantities of vaccine for foot and mouth disease to some neighbouring countries. And there is every optimism that more and more countries will place their orders for the drug.

For over a year now, South Africa, Zimbabwe and Kenya have been supplied with several millions of doses of the drug.

The Acting Manager of the Institute Mérieux, Lyon, a French company now based in the Gaborone Broadhurst Industrial Site, Mr M. Dupontier told the Daily News last week that before export is contemplated, the company has to satisfy Botswana's demands first.

The company researched the types of virus in the country before determining the types of the drugs to be used. In Botswana there has been discovered three main types of the virus although each one has several sub-types.

The company, which was es-

tablished some two and half years ago, operates under the aegis of the Ministry of Agriculture and had been assigned principally to attack the foot and mouth disease which nearly paralysed Botswana's economy in the last two three years.

The company provides in-service training for the staff of the Ministry of Agriculture in various skills involving the disease. The course last from six to eight months.

The company is currently constructing extra building to accommodate its expanding functions and the buildings are expected to be ready next September.

Countries which obtain orders of the drug from Botswana merely send specimen of the virus and the company determines the type of drugs required to treat the disease.

Mr Dupontier said developments have been done according to plan.

CYSTICERCOSIS IN CATTLE CALLED ECONOMIC PROBLEM IN CSSR

Prague NAS CHOV in Czech No 9, Sep 80 pp 357-358

[Article by Jan Prokopic, PhD, Doctor of Sciences, and Jiri Sterba, M.D., Candidate of Sciences, Institute of Parasitology, Czechoslovak Academy of Sciences, Prague: "Cysticercosis of Cattle as an Economic Problem in Large Cattle-Raising Operations"]

[Text] In earlier cattle raising technologies, particularly in grazing, many parasites caused extremely great losses. When the change was made to large-output methods of cattle raising, the number of types of parasites decreased, but some of them are still an extremely important economic problem. These include cysticercosis of cattle, produced by *Cysticercus bovis*, the larval state of the beef tapeworm (*Taenia saginata*), which in its adult phase is parasitic on humans. Hitherto, cysticercosis of cattle has been diagnosed in Czechoslovakia only in post-mortem conditions, i.e., by dissection of susceptible muscle groups and organs of slaughtered cattle. In essence this is only a preventive measure aimed at limiting or decreasing infestation in humans. According to statistics from the Czech Socialist Republic, however, the incidences of teniasis in humans and of cysticercosis in cattle are increasing constantly. In 1976, 1,170 cases of infestation by *Taenia saginata* were identified in humans. Cysticercosis of cattle is about 200 times as prevalent on a percentage basis as teniasis in humans. This situation is fostered by several specific factors stemming from the developmental cycle of *Taenia saginata*: the increasing custom of eating raw or underdone meat products; unprecedented levels of travel, and the fact that a large percentage of persons infested with tapeworm do not consult a physician for a long period, so that they become long-term disseminators of tapeworm eggs; the fact that one carrier may produce infestation of most of the cattle in stalls on a given farm; the fact that in this country, during the growing season most of the urban population spends weekends and holidays in the country, which leads to pollution of pasturelands, meadows and feed crops on arable land; and the fact that although we have excellent veterinary inspection of meat at the slaughterhouses, it is impossible to eliminate completely infestation of humans, so that when people in this country are infested it is always from slaughter meat which has passed veterinary inspection.

Let us consider the first factor, the consumption of raw and undercooked meat products. To date, methods of diagnosing cysticercosis have been unable to exclude

mild infestations, which could be completely eliminated by heat treatment of the meat. Here our findings collide with people's traditions and fashions.

Another, very important, factor in the spread of cysticercosis in cattle is travel and tourism. People from this country can become infested with tapeworm anywhere abroad where cysticercosis of cattle has a generally higher incidence than in this country. As an example we may mention East Germany, where owing to the high incidence of cysticercosis in cattle, there is 30 times as much teniasis as in this country. On the other hand, the multitudes of tourists who spend a short or long period in our country, particularly in summer, pollute pastures, meadows and feed crops in the vicinity of recreation areas, camps, heavily-used highways and the like.

A third important factor is the fact that owing to thorough veterinary inspection of meat, humans are generally infested by only a single tapeworm, which sometimes causes them no discomfort at all. Accordingly most consult a doctor only after a long period (and sometimes not at all), so that they are persistent sources of infestation of cattle. Starting 80 to 90 days after infestation, the patient constantly discharges 6 to 8 tapeworm sections per day, and since these contain 145,000 to 175,000 eggs each, this amounts to 1.4 million eggs daily. As a rule, tapeworm carriers are treated in the second to fifth year, and frequently only after 6 to 10 years. The life span of the tapeworm is 10 years in 15 to 20 percent of patients, and cases are known in which a patient has been infested with the beef tapeworm for as long as 35 years.

The fourth important factor in the spread of cysticercosis is the possibility of infestation of cattle from a single carrier, which is quite frequent in this country. We had the chance to solve such a case in one farm of the enterprise Velkovykrma Trebon [Trebon Large-Scale Feeding Station], where in 1972 there were 3 cases of cysticercosis in slaughtered bulls, and 2 cases in 1973. In 1974, 16 bulls were infested, representing a loss of 85,000 korunas. In 1975, 141 bulls were infested (a loss of Kcs 501,000), and in 1976, 194 bulls were infested (a loss of Kcs 973,000). In the fall of 1976, a composite rationalization brigade was organized from representatives of the Institute of Parasitology, Czechoslovak Academy of Sciences, and the okres veterinary organizations, and in cooperation with the kraj and okres health stations it began a helminthologic investigation and educational work among enterprise employees. Some 907 employees involved in animal and plant production were tested three times each; three carriers of *Taenia saginata* were found. Some 96 samples of products (hay, feed straw, silage) were tested and found to contain eggs of *Taenia saginata*. The patients were dewormed. In 1977, there was some decrease in the incidence of cysticercosis (185 bulls, a loss of Kcs 901,000). In the first quarter of 1978, there were only the aftereffects of infestation from the previous year (16 bulls, a loss of Kcs 80,000). In the second half of the year, no cysticercosis-infested animals were found.

The fifth factor, leading to mild infestations of cattle by cysticercosis, results from pollution of fodder by domestic and foreign tourists. In rainy periods, the tapeworm eggs are washed over large areas, resulting in their dispersal, so that they do not produce massive infestations. The mild infestations escape veterinary inspection and are the only source for beef tapeworm infestation of humans in

this country. Such mild cases of cysticercosis have a 98 percent incidence in this country. In Jindrichuv Hradec Okres, mild cysticercosis infestation was found in 81 farms.

The sixth factor is the fact that in spite of the best inspection of meat it is impossible to prevent tapeworm infestation of humans as a result of eating raw or undercooked meat products. This does not produce massive infestations, and the patients do not suffer great discomfort, but they are long-term carriers of *Taenia saginata* and sources of infestation of cattle.

The eggs of *Taenia saginata* (Fig. 1) can survive 16 days in city sewage, 33 days in rivers and up to 160 days in pastures.

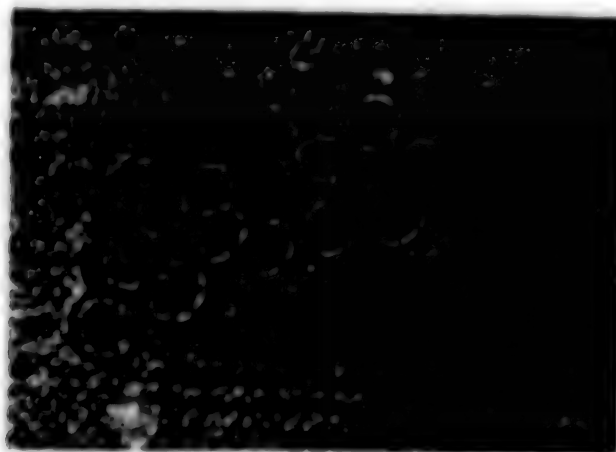


Fig. 1. Egg cluster of the beef tapeworm (*Taenia saginata*).

Accordingly, the veterinary service must direct its efforts in particular at preventing infestation of cattle from fodder. Documentation on movement of agricultural enterprises' animals (transport and pasturing, transport of fodder and the like) must be reviewed from a preventive point of view, and the techniques of fertilization of meadows and pasturelands considered. In particular, fertilizing with sewage must be forbidden when the tanks are also connected to the enterprise employees' toilets. Gradients of water from recreation areas or areas with large accumulations of people must be checked, taking into account roadways with heavy concentration of rest rooms.



Fig. 2. Detail of cysticerci in heart muscle of a bull. Archive photo.

The water cycle of pasturelands, contamination of drinking water sources and the like must be checked. In large-scale stall-type livestock raising operations, the sources of green fodder and drinking water must be checked. When there are repeated occurrences of cysticercosis, a teniasis investigation of the animal keepers, enterprise employees, and possibly the rest of the populace in the vicinity of the enterprise, by the okres health station should be requested.

8480

CSO: 5400

STATUS OF CAMPAIGN AGAINST ZOONOSSES EXAMINED

Bratislava ROLNICKE NOVINY in Slovak 24 Nov 80 p 3

[Article by Eng Lubomir Olach: "Due to Determination--The Fight Against Zoonoses Is Successful"]

[Text] An international congress which took place in Vysoke Tatry recently dealt with problems of zoonoses, which are diseases communicable from animals to humans. Because in their overwhelming majority the zoonoses occurring in our country cause losses in animal production, the workers of the State Veterinarian Services at the Ministry of Agriculture and Food of the SSR are engaged in a systematic battle against them. We asked Milos Halasa, ScC, doctor of veterinary medicine, and director of the Central State Veterinary Institute in Bratislava, about the results of their struggle.

"Over several decades the workers of health and veterinary services have been trying to gather all available information concerning individual types of zoonoses and their causes. Our aim is to reduce as much as possible the danger they pose to people and animals and thus, to eliminate simultaneously the economic consequences which every type of zoonoses necessarily produces. Despite extensive studies we still cannot limit sufficiently the number and spread of many zoonoses. Of the approximately 150 zoonoses known at present, at least 100 merit our constant attention. Because we lack adequate personnel, we selected 20 to 25 types of zoonoses which interest us in particular. In recent years in our fight against zoonoses in the CSSR we not only achieved significant success in preventing them, but we were able to eliminate many of them.

"Indeed, infectious anemia of the solidungulates, mange in horned cattle, brucellosis, etc., are no longer a cause of considerable anxiety to our agriculturists. It should be underlined, however, that other diseases included among zoonoses still pose serious problems to livestock breeders. It is therefore right for all interested parties to pay special attention, not only in terms of their diagnostics but also of their prevention.

"Rabies may have no spread extensively in recent years, yet the situation has not been quite satisfactory. As a matter of fact, every year more than 120 cases are being confirmed by laboratory tests. About two-thirds of the cases affect wild animals among whom the foxes are the most frequent carriers. Last year their share in cases diagnosed as rabies was as much as 58.2 percent. Other species of wild animals are not particularly dangerous in terms of the spread of rabies.

"Although it is mandatory to vaccinate dogs over 3 months old against rabies, veterinarians identified this disease last year in 22 cases. For that reason mandatory vaccination against rabies must be controlled much more rigorously. Most of the rabid dogs in fact did not have any immunization record. Domestic cats represent a special chapter in terms of the biological cycle of rabies virus, as evident from the 21 cases of that disease reported in cats. One must realize that, next to dogs, cats are the greatest potential transmitters of rabies to man.

"Q-fever is significant from the points of view of health and economy. While its incidence may not be particularly high, what is more important is that it occurs all over Slovakia. Aborted pregnancy, especially in horned cattle and sheep, causes sizeable losses to farmers.

Salmonellosis is an infectious disease caused by various species of *Salmonella*-paratyphoid being a typical type of such food poisoning. In economic, veterinary as well as health terms it is one of the most dangerous zoonoses. Although the fight against it has been waged in our country and in the world for a long time, the results of this fight are very modest.

Last year 33 foci of infection were identified in 33 communities in the SSR. In the course of the year, however, there were 259 cases of salmonellosis, and 387,153 head of livestock were stricken. Experts anticipate similar data for this year again, which gives rise to certain anxiety.

"It is noteworthy that no more than 7 strains of *Salmonella* were isolated in 2,604 specimens of fodder of domestic and foreign production tested in laboratories. Experts tested 107,629 specimens in food-processing plants, but identified *Salmonella* in fewer than 200 instances.

Tuberculosis has demonstrated a slightly upward trend in horned cattle and especially in swine in recent years. It is generally known that it is difficult to eliminate TB in cattle-raising farms, but it is even more troublesome to keep the livestock TB-free. This is confirmed day in and day out. Despite rigorous preventive measures, TB occurs systematically not only in horned cattle, but also in swine, sheep and poultry. It is appropriate that our veterinary service, proceeding from these facts, has imposed stricter comprehensive diagnostic methods and applied preventive measures in all livestock-raising farms. Extra caution never hurts when dealing with TB."

M. Halasa, doctor of veterinary medicine, explains: "The diseases I mentioned are perhaps the most familiar to our farmers in general, but that does not mean that we do not pay proper attention to tularemia, trichophytosis, toxoplasmosis or other zoonoses. Rather, the opposite is true. Experts in veterinary research and practice are studying those problems. The current situation and the results of the fight against some zoonoses are satisfactory, even excellent. Nevertheless, we must expand and intensify our activities, whether in terms of diagnostic tests, prevention, eradication, etc. of the overwhelming majority of zoonoses. I believe that our joint effort will succeed."

9004
CSO: 5400

HEAVY SHEEPMEAT LOSSES FROM SARCOCYSTIS REPORTED

Auckland THE NEW ZEALAND HERALD in English 6 Jan 81 p 1

[Text]

Press Assn Wellington

Cats on farms cost New Zealand more than \$2 million last year, according to the Ministry of Agriculture and Fisheries.

Cats spread the disease sarcocystis, which contaminates sheep carcasses.

Recent work at Massey University shows sarcocystis is second in importance only to pleurisy in the list of diseases which downgrade sheepmeat, according to the latest issue of the ministry magazine Quarter.

The total cost of the disease, which leaves cysts in the meat of the sheep, was probably about \$2.5 million in 1980, the magazine reports.

CS01 5400

EIB LOAN FOR VACCINE PLANT REPORTED

Gaborone DAILY NEWS in English 31 Dec 80 p 1

[Text]

The European Investment Bank (EIB), the European Community's bank for long-term finance, has lent the equivalent of 4 million European Units of Account (e.u.a. (about P3.7 million) towards the construction of a factory in Botswana which will produce vaccine to protect cattle against foot-and-mouth disease, according to a release from the Botswana Embassy in Brussels.

The funds have been made available under the terms of the first Lome Convention as follows:

A loan of 2.5 million e.u.a. (about P2.3 million) granted from the EIB's own resources to the State-owned Botswana Vaccine Institute Ltd (BVI) - the term is 10 years and the interest rate after deduction of an interest subsidy drawn from the Community's European Development Fund.

There is also a conditional loan of 1.5 million e.u.a. (about P1.4 million) interest rate at 2% granted to the State to help cover an increase in BVI's capital; this loan is drawn from risk capital resources set aside under the Lome Convention and managed by the EIB on the Community's behalf.

The factory, which will be located near Gaborone, Botswana's Capital, should have an output capacity of approx 21 million monovalent doses per annum.

The decision to build the plant was taken following success in combating the disease by setting up a pilot production unit three years ago.

The vaccine will be used mainly in Botswana (the country's economy is heavily dependent upon beef exports) but production will also be available for use in neighbouring countries, including Zimbabwe, where the same virus is found. The project, which is of regional importance, is given a high priority by the Southern African Development Coordination Conference.

The loans will go towards investment cost put at the equivalent of 9.0 million e.u.a. Technical assistance for the project will be given by the Institute Mérieux (France).

Mr Dieter HAR TWICH, Director at the Department for Finance and the EEC and Mr. Douglas HARRIS, Director at Legal Affairs, signed on behalf of the EEC and Mr. G.G. GAREBMOKE, Botswana's Ambassador in Belgium signed on behalf of the Botswana Government.

BRIEFS

COFFEE RUST--San Salvador, 6 Jan (ACAN-EFE)--Francisco Fisnales, director of the Salvadoran Institute for Coffee Research, told ACAN-EFE today that over 10,000 hectares of coffee trees--approximately 7 percent of the Salvadoran production--have been damaged by coffee rust. In this country, 210,000 manzanas (147,748 hectares) are used for coffee production. Coffee is the main source of foreign exchange in El Salvador. [Excerpt] [PA082037 Panama City ACAN in Spanish 2107 GMT 6 Jan 81]

CSO: 5400

GUATEMALA

BRIEFS

COFFEE RUST--Enrique Roesche, president of the National Coffee Association, has reported that an outbreak of coffee rust disease has been discovered in Los Amates, Izabal. This is the second outbreak discovered in the country. The first was discovered 3 weeks ago in Chiquimulilla, Santa Rosa. Roesche reported that measures to control and eradicate this second outbreak have already begun. [PA051253 Guatemala City PRENSA LIBRE in Spanish 23 Dec 80 p 2 PA]

CSO: 5400

INSECT PEST INTERCEPTIONS AT PORTS, AIRPORTS INCREASING

Auckland THE NEW ZEALAND HERALD in English 10 Jan 81 p 5

[Text]

Press Assn Wellington

Many insects and other pests are being intercepted at ports and airports.

Figures just released by the Minister of Agriculture and Fisheries show that interceptions of insects, mites and other pests have more than tripled in recent years.

In 1973 there were 170 interceptions. By 1978, the most recent year for which figures have been released, the number had jumped to more than 600.

The report says "The increase in these figures is probably due to the increasing number of aircraft arriving, with a consequent increase in the amount of infested produce."

Mr J. B. Keall, of the ministry's plant health and diagnostic station at Levin said: "While many of the interceptions are of limited eco-

nomic significance, many others are important pests, both in the wider field of agriculture, and for the general public."

The report lists a number of important pests found for the first time. They include:

- The South African fruit fly, intercepted in grapefruit from Peru. It is a serious citrus pest in South America.

- The grape leafhopper, a grape pest in the United States, was found on grapes from California.

- Two species of weevil known to be legume pests in Europe and the United States had been found on pomegranates and carob seeds.

- The oriental fruit fly was found on a consignment of lychee fruit from Hawaii.

- The beetle *trypodema variabilis*, an Asian stored-products pest.

GOVERNMENT CAMPAIGN WARNS PUBLIC OF FRUIT FLY OUTBREAK RISK

Christchurch THE PRESS in English 22 Dec 80 p 5

[Text]

PA Wellington

A small fly which could spread havoc in horticulture will be the target of a big publicity campaign.

If the fruit fly managed to enter New Zealand and infest crops, it would be disastrous for the country's \$150 million worth of horticultural exports.

The fly attacks all the common kinds of fruit, including such major export earners as apples, pears, and kiwifruit. An infestation would do to horticulture what foot and mouth disease would do to the meat industry.

The Ministry of Agriculture plans a publicity "blast" to alert the public to the risk of an outbreak. Fruit fly maggots are frequently intercepted in fruit entering New Zealand, and the Ministry believes it is only a matter of time before some slip through the net and an outbreak occurs.

The Ministry wants the public to be on the lookout for the fly, and has prepared contingency plans and anti-fly eradication teams.

The tell-tale sign is shockingly simple, according to the Ministry's chief

advisory officer for plant health, Mr J. Currie: maggots, very similar to ordinary fly maggots, in the flesh of the fruit.

The maggots do not usually appear until the fruit is ripening. They are especially common in windfall fruit.

Mr Currie is anxious that the public distinguish between the common caterpillar found in apples and other fruit, and the fruit fly maggot. The Ministry does not want to be flooded with fruit containing caterpillars.

"But if you bite into an apple and find a maggot inside it, then we would be obliged to hear about it because we would be most concerned."

The public is unlikely to notice the fly itself, which is only about half the size of the ordinary fly, and moves at great speed through the air.

If the fruit fly did enter New Zealand, an expensive eradication campaign would be needed. — the United States has spent nearly \$35 million eradicating the fly after outbreaks.

New Zealand's trading partners, in horticulture

would put up quarantine barriers against its produce until they were satisfied it had been eradicated or that fruit imports were free of it.

An outbreak at the height of the season would cause chaos, as it would take 12 weeks at least to carry out control measures which would satisfy trading partners enough to have barriers lifted.

The Ministry has trained eradication and control teams in the main fruit-growing danger zones, and is to put a string of fruit fly traps in domestic gardens across Auckland. If any flies are caught in the traps, a major eradication drive will take place.

The Ministry will also launch a big publicity campaign in the New Year as the main fruit crops ripen. It will use television, newspapers, and school education programmes to get the message across.

Horticultural exports are predicted to rise as much as \$500 million by the end of the decade, and the Ministry wants to make sure there is no fly in the ointment.

YELLOW-STRIPED RUST SPREADING AMONG WHEAT CROPS

Found in Gore Area

Christchurch THE PRESS in English 24 Dec 80 p 5

[Text]

PA Yellow rust, a cereal crop disease known to cut wheat yields up to 50 per cent, is beginning to thrive in the Otama Valley-Willowbank area near Gore. The first signs of the disease became apparent some weeks ago and it has now spread to six farms, affecting 90ha of wheat. The presence of the disease in New Zealand had been expected for the last year after it devastated Australian wheat crops. As yet the trouble is known only in the Gore district, although it is expected to be found in other areas in due course. Most of the crops so far affected in the Gore area were autumn sown but the rust is spreading quickly and crops sown in the spring are expected to be affected. Farmers in the district have now been advised to inspect their crops at least twice a week.

Wind Carrying Spores

Auckland THE NEW ZEALAND HERALD in English 8 Jan 81 p 4

[Text]

Press Assn "Dunedin Wheat yields in west Otago and eastern Southland could be reduced by up to 50 per cent if affected crops are not sprayed for yellow-striped rust. The fungus was discovered by the Ministry of Agriculture and Fisheries in Gore about a month ago. But efforts to isolate the rust to the one farm where it was detected have been "virtually impossible," according to a farm adviser, Mr M. J. O'Brien. The wind has carried the spores of the living fungus to infect other properties. Mr O'Brien said some types of wheat were more resistant to the fungus than others but if crops were not sprayed, yields could be cut in half.

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